



CQI in Action

Integrating Quality
throughout Michigan's
Home Visiting System

Hello!

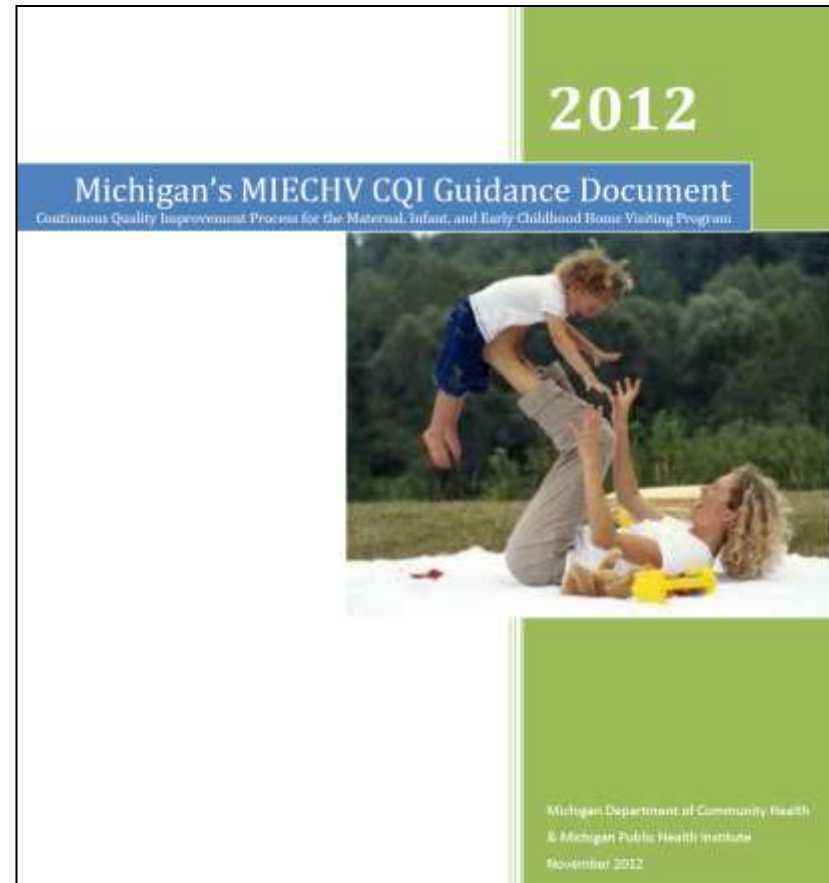
- Julia Heany
- Nancy Peeler
- Robin VanDerMoere

Learning Objectives

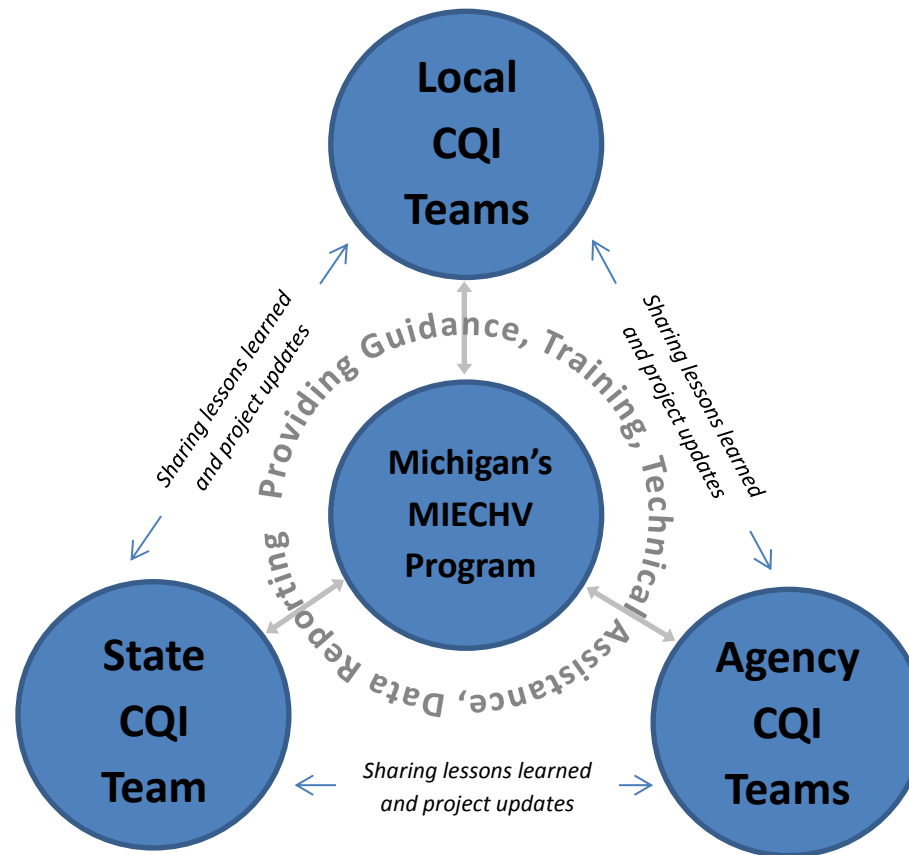
- Participants will be able to describe how a multi-layered strategy can be used to build a home visiting system that supports quality.
- Participants will be able to identify practical tools for making quality improvement accessible for home visiting practitioners.

Goals & Strategy

- MI will employ QI methods and tools to:
 - ❑ Improve the home visiting system in MI;
 - ❑ Ensure programs are delivered with model fidelity; and
 - ❑ Ensure programs are meeting legislatively mandated benchmarks over time.
- Four **components**:
 - ❑ Establishing state, local, and agency CQI teams
 - ❑ Developing the capacity to ensure data availability and access
 - ❑ Monitoring progress toward objectives
 - ❑ Sustaining CQI as a way of doing business



Structure



Learning Approach

- Principles
 - QI can help you better meet the needs of your families
 - QI can make your job easier and more fun
 - QI builds on what you already know & already do
 - You don't have to be an expert in QI to use QI effectively
 - Learning QI is an active process
 - Quality is engrained in an organization's culture when it's used on an every day basis to solve every day problems
- Modes:
 - Training
 - In person, 2 days
 - Learning Meetings
 - Quarterly (1 in person, 3 webinar)

EMBRACING QUALITY IN PUBLIC HEALTH



A Sequel to
Embracing Quality in Local Public Health:
Michigan's Quality Improvement Guidebook

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- Applying QI in a public health context:
 - Quality Fundamentals
 - Customers, Clients, and Stakeholders
 - Organizing a QI Project
 - Writing an Aim Statement
 - The Importance of Data
 - QI Tools
 - Culture of Quality
 - Evaluation v QI
 - Real-world Case Studies
- Written BY and FOR practitioners

Day 1

- Michigan's MIECHV CQI Guidance Document
- Quality Improvement Introduction
- Review Baseline Data and Identify a QI Opportunity
- Plan-Do-Study-Act (PDSA)
 - Stage One, Steps 1, 2, and 3
 - Problem Statement
 - Aim Statement
 - Team Charter
 - Process Map
- Wrap Up
 - Evaluations, Questions, and What's Next

Day 2

- Plan-Do-Study-Act (PDSA)
 - Stage One, Steps 3, 4, and 5
 - Fishbone
 - Brainstorming
 - Affinity Diagrams
 - Run Charts
 - Pareto Charts
 - Stage Two, Step 6
 - Stage Three, Overview
 - Stage Four, Overview
- QI Project Tips
- Next Steps
- Evaluations, Questions, and Wrap Up

Resources & Expectations

- Resources
 - Quarterly Data Report
 - Technical Assistance
- Expectations
 - Begin 3 QI cycles per year
 - Produce a team charter & storyboard (or narrative report) to document your work

I. Improved Maternal and Child Health

Construct	Measure	Numerator	Denominator	Quality Improvement Target	Program Result	All MIECHV Programs	# of Programs Reporting
1. Prenatal Care	Prenatal care visits received by women enrolled prenatally who have given birth	NA	NA	Mean number of prenatal care visits received by women enrolled prenatally who have given birth increases	Cohort 1 n = Mean visits =	Cohort 1 n = Mean = Highest mean = Lowest mean =	
	Number of months pregnant when women enrolled prenatally received their first prenatal care visit	NA	NA	Mean number of months pregnant when women enrolled prenatally received their first prenatal care visit decreases	Cohort 1 n = Mean months =	Cohort 1 n = Mean = Highest mean = Lowest mean =	
2. Prenatal Use of Alcohol, Tobacco, or Illicit Drugs	Female caregivers use of alcohol, tobacco, or illicit drugs is assessed	# of female caregivers screened for use of alcohol, tobacco, or illicit drugs	# of female caregivers enrolled	90% of female caregivers are screened for alcohol/drug use within the first 6 months of enrollment	Cohort 1 # screened: # of female caregivers: % screened by 6 months:	Cohort 1 # screened: # of female caregivers: % screened by 6 months:	
	Female caregivers who screen positive for use of alcohol, tobacco, or illicit drugs are referred for services	# of female caregivers who screen positive for services	# of female caregivers who screen positive for alcohol, tobacco, or illicit drugs	90% of female caregivers who screen positive for use alcohol or drugs are referred for services by 6 months of enrollment	Cohort 1 # screened positive who were referred: # screened positive: % screened positive and referred:	Cohort 1 # screened positive who were referred: # screened positive: % screened positive and referred:	
3. Pre-conception Care	Biological mothers have access to family planning services	# of biological mothers who have access to family planning services	# of biological mothers enrolled	90% of biological mothers have access to family planning services by 6 months of enrollment	Cohort 1 n = % = Missing (not included in 'n' or '%') =	Cohort 1 n = Mean = Highest % = Lowest % =	

QITEAM CHARTER	
1. Team Name:	2. Version:
3. Subject (Target Area):	
4. Problem / Opportunity Statement:	
5. Team Sponsor (Health Official):	6. Team Leader & Scribe:
7. Team Members:	Role:
8. Process Improvement Area:	
9. Initial Aim Statement:	
10. Revised Aim Statement (s):	
11. Scope (Boundaries)/Team Authority:	
12. Customers (Internal and External):	13. Customer Needs Addressed:
14. Success Measures (What does success look like?):	
15. Considerations (Assumptions / Constraints / Obstacles):	
16. PDSA Timeline:	Date:
Plan	
Do	
Study	
Act	
17. Meeting Frequency:	
18. Communication Plan (Who, How, and When):	
19. Stakeholders (Internal and External):	
20. Improvement Theories (If...Then):	
If	Then
If	Then

MIECHV Program CQI Story Board

Home Visiting Program Name Home Visiting Program Model: Counties Served: Population Served:	CQI Team Members: 	Quality Improvement Story Board CQI Project Title 
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PLAN Identify an Opportunity and Plan for Improvement	4. Identify Potential Solutions	STUDY Use Data to Study Results of the Test
1. Getting Started <i>Problem Statement</i>	<i>Affinity Diagram</i>	7. Study the Results
2. Assemble the Team <i>Aim Statement</i>	5. Develop an Improvement Theory <i>Improvement Theory</i>	ACT Standardize the Improvement and Establish Future Plans 8. Standardize the Improvement or Develop New Theory
3. Examine the Current Approach <i>Process Map</i>	DO Test the Theory for Improvement 6. Test the Theory	9. Establish Future Plans
<i>Fishbone Diagram</i>		

Results

- EHS program found a 66.8% increase in the completion of well baby exams
- EHS program found a 84% increase in the completion of HOME assessments
- HFA program increased by 5% the number of completed intake assessments
- HFA program doubled program enrollment, achieving full enrollment
- NFP program eliminated attrition during infancy for excessive missed visits

Competitive Grant Study

- Deigned to test the IHI Learning Collaborative (LC) Model as a strategy for improving implementation quality
 - Invited sites to participate via request for applications
 - Conducted 3 learning sessions and 2 action periods from February, 2013 – August, 2013
 - Tracked measures of implementation quality at baseline and monthly
 - Implemented 2 PDSA cycles as a collaborative
 - Measured change over time
 - Gathered data on participation, satisfaction, barriers, successes

Competitive Grant Study Results

- **Cycle 1:**

- **Problem Statement:** Families are not receiving the number of home visits that they should based on model requirements.
- **Aim Statement:** By May 14, 2013, the QIC will increase by at least 5% the number of families receiving the number of home visits they should.
- **Result:** In the months before the LC started, between 55-63% of families received the number of visits they should. By May 14, 2013, 74% of families were receiving the number of home visits they should.

SO... Michigan ♥'s Learning Collaboratives

- Added a Statewide Learning Collaborative to our QI model in FY14:
 - Two benchmark specific topics:
 - Reducing ED visits
 - Improving service referrals
 - Initial learning meeting completed on January 14th

Lessons Learned



Lessons Learned

- This is a marathon, not a sprint – pace yourself
- Data is a double edged sword – be ready for analysis paralysis
- Find a happy balance between flexibility & taking the lead
- Don't let perfect be the enemy of the good

Start now.
Start today.
Just start.



Home visiting will be better because you did.

Thank you!!

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